

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>me</i>		04-17-01
OFFICE CLASSIFIER		43	07/07/01
FORMALITY REVIEW	<i>fa</i>	720	06-25-01
RESPONSE FORMALITY REVIEW	TA	1173	06-18-02

INDEX OF CLAIMS

BEST AVAILABLE COPY

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	5 9 20 03 03
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
13	✓
14	✓
15	✓
16	N
17	N
18	N
19	N
20	N
21	N
22	N
23	N
24	✓
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If more than 150 claims or 10 actions  
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